Claims

1. The use of a conjugate of hydroxyalkylstarch and an allergen in which at least one hydroxyalkylstarch is covalently coupled to the allergen for hyposensitization.

2. The use as claimed in claim 1, where the hydroxyalkylstarch is coupled directly or via a linker to the allergen.

3. The use as claimed in claim 1 or 2, where the hydroxyalkylstarch is hydroxyethylstarch, hydroxypropylstarch or hydroxybutylstarch.

4. The use as claimed in any of claims 1 to 3, in which the hydroxyethylstarch has an average molecular weight of from 1 to 300 kDa, preferably an average molecular weight of from 5 to 200 kDa.

5. The use as claimed in any of the preceding claims, in which the hydroxyethylstarch has a level of molar substitution of from 0.1 to 0.8 and a $C_2$:$C_6$ substitution ratio in the range from 2 to 20, in each case based on the hydroxyethyl groups.

6. The use as claimed in any of the preceding claims, in which the allergen has been selected from the group consisting of polypeptides or proteins.

7. The use as claimed in any of the preceding claims, in which the allergen is a glycoprotein.

8. The use as claimed in any of the preceding claims, in which the hydroxyalkylstarch is coupled to the polypeptide chain or to one or more of the saccharide chains of the glycoprotein.

9. The use according to any of the preceding claims for hyposensitization of allergy sufferers in whom an IgE-mediated sensitization is detected or whose clinical symptoms have been observed.

10. The use as claimed in any of the preceding claims, where the specific immunotherapy is employed for the therapy of allergies to pollen, mites, mammalian hair (saliva), fungi, insects, foods and natural rubber/latex.

11. The use as claimed in any of the preceding claims, where the therapy is employed for the treatment of asthmatics, hay-fever patients and patients showing other types of clinically relevant reactions to immediate-type allergens.

12. The use as claimed in any of the preceding claims, where administration takes place subcutaneously, mucosally, orally, perorally or sublingually.

13. The use as claimed in any of the preceding claims, where the immunotherapy is carried out preseasonally or perennially for airborne allergens.

14. The use any of the preceding claims, where the immunotherapy is carried out for people allergic to insects in the rush or ultra-rush method.